

OPT-IN REQUEST

RE: *Steven W. Lemmings and City of Pryor Creek, et al., on behalf of themselves and all other persons similarly situated v. Second Chance Body Armor, Inc., Toyobo Company, Ltd., Toyobo America, Inc., Oklahoma Police Supply, Inc., Oklahoma Police Supply, LLC, et al, Case No. CJ-2004-62, The Honorable James D. Goodpaster, Judge*

I understand that I (or my organization) was a member of the Class in the *Lemmings* class action in Oklahoma (the "Action"). I was notified of Court's order on class certification in the Action. Also, I was advised of my rights, including the right to exclude myself (or my organization) from the Class, which meant that I would not be entitled to any benefits that may have been obtained through a trial or settlement in the Action. I submitted a Request for Exclusion, excluding myself (or my organization) from the Class.

I understand that a Settlement has been reached between the Class of persons or entities who purchased, possess or own a bullet proof vest manufactured by Second Chance Body Armor, Inc. ("Second Chance") which contains Zylon, a fiber manufactured and sold by Toyobo Company, Ltd. ("Toyobo"), and Toyobo and Toyobo America, Inc. ("Toyobo America"). I have read the *Notice of Proposed Settlement of Class Action*. I am sufficiently advised that I am currently not a member of the Class and if I take no further action, I will not receive any of the benefits of the Proposed Settlement nor be bound by any judgment therein. I further understand that I may rejoin the Class by submitting this Opt-In Request.

By timely submitting this Opt-In Request, I understand that I will become a Class Member with the same rights and obligations as set forth in the Notice, including that:

- (i) I will be bound by any judgment rendered relating to the Proposed Settlement,
- (ii) I may object to the fairness, reasonableness or adequacy of the Proposed Settlement, the adequacy of representation, or the award of attorneys' fees and expenses or for awards to the named Plaintiffs by following the procedure set forth in the Notice,
- (iii) I will be bound by any release given in connection with the Proposed Settlement, and
- (iv) I may enter an appearance in the litigation through counsel of my own choosing and at my own expense.

I understand that this Opt-In Request must be **completed and returned** by first class mail, **postmarked on or before September 9, 2005**, to:

Zylon Class Administrator
P.O. Box 1700
Faribault, MN 55021-1700
(877) 567-2754
www.zylonvestclassaction.com

In submitting this Opt-In Request, I state that the information provided below is true and correct. I further represent and understand that I am submitting this Opt-In Request for myself, or that I am authorized to submit this Opt-In Request on behalf of the entity listed below.

INDIVIDUALS

Name _____
Address _____
City _____ State _____ Zip Code _____
Country, if not US: _____

Agency Name _____
Address _____
City _____ State _____ Zip Code _____
Country, if not US: _____

Home Phone _____

Work Phone _____

Model & NIJ Threat Level _____

Front Panel Serial Number _____

Front Panel Size _____

Back Panel Serial Number _____

Back Panel Size _____

ORGANIZATIONS

Agency Name _____

Address _____

City _____

State _____

Zip Code _____

Country, if not U.S. _____

Phone _____

Number of vests purchased _____

Contact Person _____

Work Phone _____

Printed Name _____

Signature _____